

GENERAL ASSEMBLY COMMONWEALTH OF KENTUCKY

2006 REGULAR SESSION

HOUSE BILL NO. 102
THURSDAY, FEBRUARY 23, 2006

The following bill was reported to the Senate from the House and ordered to be printed.

RECEIVED AND FILED
DATE March 28, 2006
3:20pm

TREY GRAYSON
SECRETARY OF STATE
COMMONWEALTH OF KENTUCK
BY K. Jeller

AN ACT relating to nursing.

Be	it	enacted i	by the	General	'Assembl _j	v of the	Commonwealth	of I	Kentucky.
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- SECTION 1. A NEW SECTION OF KRS CHAPTER 314 IS CREATED TO
- 2 READ AS FOLLOWS:
- 3 The Nurse Licensure Compact is hereby enacted and entered into with all other
- 4 jurisdictions that legally join in the Compact, which is, in form, substantially as
- 5 *follows*:

6

- <u>ARTICLE I</u>
- 7 Findings and Declaration of Purpose
- 8 a. The party states find that:
- 1. The health and safety of the public are affected by the degree of compliance
 with and the effectiveness of enforcement activities related to state nurse
 licensure laws;
- 2. Violations of nurse licensure and other laws regulating the practice of

 nursing may result in injury or harm to the public;
- 3. The expanded mobility of nurses and the use of advanced communication

 technologies as part of our nation's healthcare delivery system require

 greater coordination and cooperation among states in the areas of nurse

 licensure and regulation;
- 18 4. New practice modalities and technology make compliance with individual

 19 state nurse licensure laws difficult and complex;
- 5. The current system of duplicative licensure for nurses practicing in multiple
 states is cumbersome and redundant to both nurses and states.
- 22 b. The general purposes of this Compact are to:
- 23 1. Facilitate the states' responsibility to protect the public's health and safety;
- 24 2. Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;

1		3. Facilitate the exchange of information between party states in the areas of
2		nurse regulation, investigation and adverse actions;
3		4. Promote compliance with the laws governing the practice of nursing in
4		each jurisdiction;
5		5. Invest all party states with the authority to hold a nurse accountable for
6		meeting all state practice laws in the state in which the patient is located at
7		the time care is rendered through the mutual recognition of party state
8		licenses.
9		ARTICLE II
10	<u>Defi</u>	nitions
11	<u>As u</u>	sed in this Compact:
12	<u>a.</u>	"Adverse action" means a home or remote state action.
13	<u>b.</u>	"Alternative program" means a voluntary, non-disciplinary monitoring program
14		approved by a nurse licensing board.
15	<u>c.</u>	"Coordinated licensure information system" means an integrated process for
16		collecting, storing, and sharing information on nurse licensure and enforcement
17		activities related to nurse licensure laws, which is administered by a non-profit
18		organization composed of and controlled by state nurse licensing boards.
19	<u>d.</u>	"Current significant investigative information" means investigative information
20		that a licensing board, after a preliminary inquiry that includes notification and
21		an opportunity for the nurse to respond if required by state law, has reason to
22		believe is not groundless and, if proved true, would indicate more than a minor
23		infraction; or investigative information that indicates that the nurse represents
24		an immediate threat to public health and safety regardless of whether the nurse
25		has been notified and had an opportunity to respond.
26	<u>e.</u>	"Home state" means the party state which is the nurse's primary state of
27		residence.

1	<u>f.</u>	"Home state action" means any administrative, civil, equitable or criminal action
2		permitted by the home state's laws which are imposed on a nurse by the home
3		state's licensing board or other authority including actions against an
4		individual's license such as: revocation, suspension, probation or any other
5		action which affects a nurse's authorization to practice.
6	<u>g.</u>	"Licensing board" means a party state's regulatory body responsible for issuing
7		nurse licenses.
8	<u>h.</u>	"Multistate licensure privilege" means current, official authority from a remote
9		state permitting the practice of nursing as either a registered nurse or a licensed
10		practical/vocational nurse in such party state. All party states have the authority,
11		in accordance with existing state due process law, to take actions against the
12		nurse's privilege such as: revocation, suspension, probation or any other action
13		which affects a nurse's authorization to practice.
14	<u>i.</u>	"Nurse" means a registered nurse or licensed practical/vocational nurse, as
15		those terms are defined by each party's state practice laws.
16	<u>j.</u>	"Party state" means any state that has adopted this Compact.
17	<u>k.</u>	"Remote state" means a party state, other than the home state, where the patient
18		is located at the time nursing care is provided, or, in the case of the practice of
19		nursing not involving a patient, in such party state where the recipient of nursing
20		practice is located.
21	<u>l.</u>	"Remote state action" means any administrative, civil, equitable or criminal
22		action permitted by a remote state's laws which are imposed on a nurse by the
23		remote state's licensing board or other authority including actions against an
24		individual's multistate licensure privilege to practice in the remote state, and
25		cease and desist and other injunctive or equitable orders issued by remote states
26		or the licensing boards thereof.
27	m	"State" means a state, territory, or possession of the United States, the District of

1		Columbia or the Commonwealth of Puerto Rico.
2	<u>n.</u>	"State practice laws" means those individual party's state laws and regulations
3		that govern the practice of nursing, define the scope of nursing practice, and
4		create the methods and grounds for imposing discipline.
5	<u>o.</u>	"State practice laws" does not include the initial qualifications for licensure or
6		requirements necessary to obtain and retain a license, except for qualifications or
7		requirements of the home state.
8		ARTICLE III
9	Gen	eral Provisions and Jurisdiction
10	<u>a.</u>	A license to practice registered nursing issued by a home state to a resident in
11		that state will be recognized by each party state as authorizing a multistate
12		licensure privilege to practice as a registered nurse in such party state. A license
13		to practice licensed practical/vocational nursing issued by a home state to a
14		resident in that state will be recognized by each party state as authorizing a
15		multistate licensure privilege to practice as a licensed practical/vocational nurse
16		in such party state. In order to obtain or retain a license, an applicant must meet
17		the home state's qualifications for licensure and license renewal as well as all
18		other applicable state laws.
19	<u>b.</u>	Party states may, in accordance with state due process laws, limit or revoke the
20		multistate licensure privilege of any nurse to practice in their state and may take
21		any other actions under their applicable state laws necessary to protect the health
22		and safety of their citizens. If a party state takes such action, it shall promptly
23		notify the administrator of the coordinated licensure information system. The
24		administrator of the coordinated licensure information system shall promptly
25		notify the home state of any such actions by remote states.
26	<u>c.</u>	Every nurse practicing in a party state must comply with the state practice laws of
27		the state in which the patient is located at the time care is rendered. In addition,

1		the practice of nursing is not limited to patient care, but shall include all nursing
2		practice as defined by the state practice laws of a party state. The practice of
3		nursing will subject a nurse to the jurisdiction of the nurse licensing board and
4		the courts, as well as the laws, in that party state.
5	<u>d.</u>	This Compact does not affect additional requirements imposed by states for
6		advanced practice registered nursing. However, a multistate licensure privilege to
7		practice registered nursing granted by a party state shall be recognized by other
8		party states as a license to practice registered nursing if one is required by state
9		law as a precondition for qualifying for advanced practice registered nurse
10		authorization.
11	<u>e.</u>	Individuals not residing in a party state shall continue to be able to apply for
12		nurse licensure as provided for under the laws of each party state. However, the
13		license granted to these individuals will not be recognized as granting the
14		privilege to practice nursing in any other party state unless explicitly agreed to by
15		that party state.
16		ARTICLE IV
17	<u>App</u>	lications for Licensure in a Party State
18	<u>a.</u>	Upon application for a license, the licensing board in a party state shall
19		ascertain, through the coordinated licensure information system, whether the
20		applicant has ever held, or is the holder of, a license issued by any other state,
21		whether there are any restrictions on the multistate licensure privilege, and
22		whether any other adverse action by any state has been taken against the license.
23	<u>b</u> .	A nurse in a party state shall hold licensure in only one party state at a time,
24		issued by the home state.
25	<u>c.</u>	A nurse who intends to change primary state of residence may apply for licensure
26		in the new home state in advance of such change. However, new licenses will not
27		he issued by a party state until after a nurse provides evidence of change in

1	primary state of residence satisfactory to the new home state's licensing board.
2	d. When a nurse changes primary state of residence by:
3	1. Moving between two party states, and obtains a license from the new home
4	state, the license from the former home state is no longer valid;
5	2. Moving from a non-party state to a party state, and obtains a license from
6	the new home state, the individual state license issued by the non-party state
7	is not affected and will remain in full force if so provided by the laws of the
8	non-party state;
9	3. Moving from a party state to a non-party state, the license issued by the
10	prior home state converts to an individual state license, valid only in the
11	former home state, without the multistate licensure privilege to practice in
12	other party states.
13	ARTICLE V
14	Adverse Actions
15	In addition to the General Provisions described in Article III, the following provisions
16	apply:
17	a. The licensing board of a remote state shall promptly report to the administrator
18	of the coordinated licensure information system any remote state actions
19	including the factual and legal basis for such action, if known. The licensing
20	board of a remote state shall also promptly report any significant current
21	investigative information yet to result in a remote state action. The administrator
22	of the coordinated licensure information system shall promptly notify the home
23	state of any such reports.
24	b. The licensing board of a party state shall have the authority to complete any
25	pending investigations for a nurse who changes primary state of residence during
26	the course of such investigations. It shall also have the authority to take
27	appropriate action(s), and shall promptly report the conclusions of such

1		investigations to the administrator of the coordinated licensure information
2		system. The administrator of the coordinated licensure information system shall
3		promptly notify the new home state of any such actions.
4	<u>c.</u>	A remote state may take adverse action affecting the multistate licensure privilege
5		to practice within that party state. However, only the home state shall have the
6		power to impose adverse action against the license issued by the home state.
7	<u>d.</u>	For purposes of imposing adverse action, the licensing board of the home state
8		shall give the same priority and effect to reported conduct received from a remote
9		state as it would if such conduct had occurred within the home state. In so doing,
10		it shall apply its own state laws to determine appropriate action.
11	<u>e.</u>	The home state may take adverse action based on the factual findings of the
12		remote state, so long as each state follows its own procedures for imposing such
13		adverse action.
14	<u>f.</u>	Nothing in this Compact shall override a party state's decision that participation
15		in an alternative program may be used in lieu of licensure action and that such
16		participation shall remain non-public if required by the party state's laws. Party
17		states must require nurses who enter any alternative programs to agree not to
18		practice in any other party state during the term of the alternative program
19		without prior authorization from such other party state.
20		<u>ARTICLE VI</u>
21	<u>Addi</u>	tional Authorities Invested in Party State Nurse Licensing Boards
22	Notu	vithstanding any other powers, party state nurse licensing boards shall have the
23	auth	ority to:
24	<u>a.</u>	If otherwise permitted by state law, recover from the affected nurse the costs of
25		investigations and disposition of cases resulting from any adverse action taken
26		against that nurse;
27	<i>b</i>	Issue subpoenas for both hearings and investigations which require the

1		attendance and testimony of witnesses, and the production of evidence.
2		Subpoenas issued by a nurse licensing board in a party state for the attendance
3		and testimony of witnesses, and/or the production of evidence from another party
4		state, shall be enforced in the latter state by any court of competent jurisdiction,
5		according to the practice and procedure of that court applicable to subpoenas
6		issued in proceedings pending before it. The issuing authority shall pay any
7		witness fees, travel expenses, mileage and other fees required by the service
8		statutes of the state where the witnesses and/or evidence are located;
9	<u>c.</u>	Issue cease and desist orders to limit or revoke a nurse's authority to practice in
10		their state;
11	<u>d.</u>	Promulgate uniform rules and regulations as provided for in Article VIIIc.
12		ARTICLE VII
13	<u>Coo</u>	rdinated Licensure Information System
14	<u>a.</u>	All party states shall participate in a cooperative effort to create a coordinated
15		database of all licensed registered nurses and licensed practical/vocational
16		nurses. This system will include information on the licensure and disciplinary
17		history of each nurse, as contributed by party states, to assist in the coordination
18		of nurse licensure and enforcement efforts.
19	<u>b.</u>	Notwithstanding any other provision of law, all party states' licensing boards
20		shall promptly report adverse actions, actions against multistate licensure
21		privileges, any current significant investigative information yet to result in
22		adverse action, denials of applications, and the reasons for such denials, to the
23		coordinated licensure information system.
24	<u>c.</u>	Current significant investigative information shall be transmitted through the
25		coordinated licensure information system only to party state licensing boards.
26	<u>d.</u>	Notwithstanding any other provision of law, all party states' licensing boards
27		contributing information to the coordinated licensure information system may

1		designate information that may not be shared with non-party states or disclosed
2		to other entities or individuals without the express permission of the contributing
3		state.
4	<u>e.</u>	Any personally identifiable information obtained by a party state's licensing
5		board from the coordinated licensure information system may not be shared with
6		non-party states or disclosed to other entities or individuals except to the extent
7		permitted by the laws of the party state contributing the information.
8	<u>f.</u>	Any information contributed to the coordinated licensure information system that
9		is subsequently required to be expunged by the laws of the party state
10		contributing that information, shall also be expunged from the coordinated
11		licensure information system.
12	<u>g.</u>	The Compact administrators, acting jointly with each other and in consultation
13		with the administrator of the coordinated licensure information system, shall
14		formulate necessary and proper procedures for the identification, collection and
15		exchange of information under this Compact.
16		ARTICLE VIII
17	Con	npact Administration and Interchange of Information
18	<u>a.</u>	The head of the nurse licensing board, or his/her designee, of each party state
19		shall be the administrator of this Compact for his/her state.
20	<u>b.</u>	The Compact administrator of each party state shall furnish to the Compact
21		administrator of each other party state any information and documents
22		including, but not limited to, a uniform data set of investigations, identifying
23		information, licensure data, and disclosable alternative program participation
24		information to facilitate the administration of this Compact.
25	<u>c.</u>	Compact administrators shall have the authority to develop uniform rules to
26		facilitate and coordinate implementation of this Compact. These uniform rules
27		shall be adopted by party states, under the authority invested under Article VId.

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2		ARTICLE IX
3	<u>Imm</u>	unity
4	No p	arty state or the officers or employees or agents of a party state's nurse licensing
5	<u>boar</u>	d who acts in accordance with the provisions of this Compact shall be liable on
6	acco	unt of any act or omission in good faith while engaged in the performance of their
7	dutie	es under this Compact. Good faith in this article shall not include willful
8	<u>misc</u>	onduct, gross negligence, or recklessness.
9		ARTICLE X
10	Entr	y into Force, Withdrawal and Amendment
11	<u>a.</u>	This Compact shall enter into force and become effective as to any state when it
12		has been enacted into the laws of that state. Any party state may withdraw from
13		this Compact by enacting a statute repealing the same, but no such withdrawal
14		shall take effect until six months after the withdrawing state has given notice of
15		the withdrawal to the executive heads of all other party states.
16	<u>b.</u>	No withdrawal shall affect the validity or applicability by the licensing boards of
17		states remaining party to the Compact of any report of adverse action occurring
18		prior to the withdrawal.
19	<u>c.</u>	Nothing contained in this Compact shall be construed to invalidate or prevent
20		any nurse licensure agreement or other cooperative arrangement between a party
21		state and a non-party state that is made in accordance with the other provisions
22		of this Compact.
23	<u>d.</u>	This Compact may be amended by the party states. No amendment to this
24		Compact shall become effective and binding upon the party states unless and
25		until it is enacted into the laws of all party states.
26		ARTICLE XI
27	Con	estruction and Severability

1	<u>a.</u>	This Compact shall be liberally construed so as to effectuate the purposes thereof.
2		The provisions of this Compact shall be severable and if any phrase, clause,
3		sentence or provision of this Compact is declared to be contrary to the
4		constitution of any party state or of the United States or the applicability thereof
5		to any government, agency, person or circumstance is held invalid, the validity of
6		the remainder of this Compact and the applicability thereof to any government,
7		agency, person or circumstance shall not be affected thereby. If this Compact
8		shall be held contrary to the constitution of any state party thereto, the Compact
9		shall remain in full force and effect as to the remaining party states and in full
10		force and effect as to the party state affected as to all severable matters.
11	<u>b.</u>	In the event party states find a need for settling disputes arising under this
12		Compact:
13		1. The party states may submit the issues in dispute to an arbitration panel
14		which will be composed of an individual appointed by the Compact
15		administrator in the home state; an individual appointed by the Compact
16		administrator in the remote state(s) involved; and an individual mutually
17		agreed upon by the Compact administrators of all the party states involved
18		in the dispute.
19	*	The decision of a majority of the arbitrators shall be final and binding.
20		Section 2. KRS 314.011 is amended to read as follows:
21	As ı	used in this chapter [KRS 314.011 to 314.161 and KRS 314.991], unless the context
22	there	eof requires otherwise:
23	(1)	"Board" means Kentucky Board of Nursing;
24	(2)	"Delegation" means directing a competent person to perform a selected nursing
25		activity or task in a selected situation under the nurse's supervision and pursuant to
26		administrative regulations promulgated by the board in accordance with the
27		provisions of KRS Chapter 13A;

1	(3)	"Nur	se" means a person who is licensed or holds the privilege to practice under the
2		prov	isions of this chapter as a registered nurse or as a licensed practical nurse;
3	(4)	"Nur	sing process" means the investigative approach to nursing practice utilizing a
4		meth	od of problem-solving by means of:
5		(a)	Nursing diagnosis, a systematic investigation of a health concern, and an
6			analysis of the data collected in order to arrive at an identifiable problem; and
7		(b)	Planning, implementation, and evaluation based on nationally accepted
8			standards of nursing practice;
9	(5)	"Reg	gistered nurse" means one who is licensed or holds the privilege under the
10		prov	isions of this chapter to engage in registered nursing practice;
11	(6)	"Reg	gistered nursing practice" means the performance of acts requiring substantial
12		spec	ialized knowledge, judgment, and nursing skill based upon the principles of
13		psyc	hological, biological, physical, and social sciences in the application of the
14		nurs	ing process in:
15		(a)	The care, counsel, and health teaching of the ill, injured, or infirm;
16		(b)	The maintenance of health or prevention of illness of others;
17		(c)	The administration of medication and treatment as prescribed by a physician,
18			physician assistant, dentist, or advanced registered nurse practitioner and as
19			further authorized or limited by the board, and which are consistent either
20			with American Nurses' Association Standards of Practice or with Standards of
21			Practice established by nationally accepted organizations of registered nurses.
22			Components of medication administration include but are not limited to:
23			1. Preparing and giving medications in the prescribed dosage, route, and
24			frequency, including dispensing medications only as defined in
25			subsection (17)(b) of this section;
26			2. Observing, recording, and reporting desired effects, untoward reactions,
27			and side effects of drug therapy;

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1 3	Intervening wh	en emergenci	<i>l</i> care is rec	บบบรอดี จะ จ	recult of drug therany
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- 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
 - 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
 - 6. Instructing an individual regarding medications;

- (d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care; and
 - (e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses;
- 13 (7) "Advanced registered nurse practitioner" means one who is registered and
 14 designated to engage in advanced registered nursing practice including the nurse
 15 anesthetist, nurse midwife, clinical nurse specialist, and nurse practitioner pursuant
 16 to KRS 314.042;
 - "Advanced registered nursing practice" means the performance of additional acts by registered nurses who have gained added knowledge and skills through an organized postbasic program of study and clinical experience and who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced nursing practice. The additional acts shall, subject to approval of the board, include but not be limited to prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced registered nurse practitioners who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905, under the conditions set forth in KRS 314.042. Nothing in this chapter shall be construed as requiring an advanced registered nurse

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1		pract	itioner designated by the board as a nurse anesthetist to obtain prescriptive
2		autho	ority pursuant to this chapter or any other provision of law in order to deliver
3		anes	thesia care. The performance of these additional acts shall be consistent with
4		the c	ertifying organization or agencies' scopes and standards of practice recognized
5		by th	ne board by administrative regulation;
6	(9)	"Lic	ensed practical nurse" means one who is licensed or holds the privilege under
7		the p	provisions of this chapter to engage in licensed practical nursing practice;
8	(10)	"Lic	ensed practical nursing practice" means the performance of acts requiring
9		knov	wledge and skill such as are taught or acquired in approved schools for practical
10		nurs	ing in:
11		(a)	The observing and caring for the ill, injured, or infirm under the direction of a
12			registered nurse, a licensed physician, or dentist;
13		(b)	The giving of counsel and applying procedures to safeguard life and health, as
14			defined and authorized by the board;
15		(c)	The administration of medication or treatment as authorized by a physician,
16			physician assistant, dentist, or advanced registered nurse practitioner and as
17			further authorized or limited by the board which is consistent with the
18			National Federation of Licensed Practical Nurses or with Standards of
19			Practice established by nationally accepted organizations of licensed practical
20			nurses;
21		(d)	Teaching, supervising, and delegating except as limited by the board; and
22		(e)	The performance of other nursing acts which are authorized or limited by the
23			board and which are consistent with the National Federation of Practical
24			Nurses' Standards of Practice or with Standards of Practice established by
25			nationally accepted organizations of licensed practical nurses;
26	(11)	"Sc	hool of nursing" means a nursing education program preparing persons for

licensure as a registered nurse or a practical nurse;

27

1	(12)	"Contin	uing educ	cation" n	neans of	ferings	beyond	the b	oasic	nursing	progran	n that
2		present	specific	content	planne	d and	evaluate	d to	mee	t comp	etency	based
3		behavio	ral objecti	ives whic	h develo	p new	skills and	l upgr	ade k	nowledg	e;	

- 4 (13) "Nursing assistance" means the performance of delegated nursing acts by unlicensed nursing personnel for compensation under supervision of a nurse;
- 6 (14) "Sexual assault nurse examiner" means a registered nurse who has completed the
 7 required education and clinical experience and maintains a current credential from
 8 the board as provided under KRS 314.142 to conduct forensic examinations of
 9 victims of sexual offenses under the medical protocol issued by the State Medical
 10 Examiner pursuant to KRS 216B.400(4);
- 11 (15) "Competency" means the application of knowledge and skills in the utilization of 12 critical thinking, effective communication, interventions, and caring behaviors 13 consistent with the nurse's practice role within the context of the public's health, 14 safety, and welfare;
- 15 (16) "Credential" means a current license, registration, certificate, or other similar 16 authorization that is issued by the board;
- 17 (17) "Dispense" means:
- 18 (a) To receive and distribute noncontrolled legend drug samples from
 19 pharmaceutical manufacturers to patients at no charge to the patient or any
 20 other party; or
- 21 (b) To distribute noncontrolled legend drugs from a local, district, and
 22 independent health department, subject to the direction of the appropriate
 23 governing board of the individual health department;
- 24 (18) "Dialysis care" means a process by which dissolved substances are removed from a 25 patient's body by diffusion, osmosis, and convection from one (1) fluid 26 compartment to another across a semipermeable membrane;
- 27 (19) "Dialysis technician" means a person who is not a nurse, a physician assistant, or a

1		physician and who provides dialysis care in a licensed renal dialysis facility under
2		the direct, on-site supervision of a registered nurse or a physician; and
3	(20)	"Clinical internship" means a supervised nursing practice experience which
4		involves any component of direct patient care.
5		Section 3. KRS 314.021 is amended to read as follows:
6	(1)	It is the declared policy of the General Assembly of Kentucky that the practice of
7		nursing should be regulated and controlled as provided herein and by regulations of
8		the board in order to protect and safeguard the health and safety of the citizens of
9		the Commonwealth of Kentucky.
10	(2)	All individuals licensed or privileged under provisions of this chapter shall be
11		responsible and accountable for making decisions that are based upon the
12		individuals' educational preparation and experience in nursing and shall practice
13		nursing with reasonable skill and safety.
14		Section 4. KRS 314.031 is amended to read as follows:
15	(1)	It shall be unlawful for any person to call or hold herself or himself out as or use the
16		title of nurse or to practice or offer to practice as a nurse unless licensed or
17		privileged under the provisions of this chapter.
18	(2)	It shall be unlawful for any person to operate or to offer to operate or to represent or
19		advertise the operation of a school of nursing unless the school of nursing has been
20		approved under the provisions of this chapter.
21	(3)	It shall be unlawful for any person knowingly to employ a nurse unless the nurse is
22		licensed or privileged under the provisions of this chapter.
23	(4)	It shall be unlawful for any nurse, employer of nurses, or any person having
24		knowledge of facts to refrain from reporting to the board a nurse who:
25		(a) Has been convicted of any felony or a misdemeanor involving drugs,
26		alcohol, fraud, deceit, falsification of records, a breach of trust, physical
27		harm or endangerment to others, or dishonesty under the laws of any state

1			or of the United States a misdemeanor or felony which involved acts that bear
2			directly on the qualifications or ability of the applicant or licensee to practice
3			nursing]; or
4		(b)	Is suspected of fraud or deceit in procuring or attempting to procure a license,
5			credential, or privilege to practice nursing; or
6		(c)	Is suspected of negligently or willfully acting in a manner inconsistent with
7			the practice of nursing; or
8		(d)	Is suspected of being unfit or incompetent to practice nursing by reason of
9			negligence or other causes including, but not limited to, being unable to
10			practice nursing with reasonable skill or safety; or
11		(e)	Is suspected of violating any provisions of this chapter; or
12		(f)	Has a license, privilege, or credential to practice as a nurse denied, limited,
13			suspended, probated, revoked, or otherwise disciplined in another jurisdiction
14			on grounds sufficient to cause a license, privilege, or credential to be denied,
15			limited, suspended, probated, revoked, or otherwise disciplined in this
16			Commonwealth; or
17		(g)	Is practicing nursing without a current active license, privilege, or valid
18			temporary work permit issued by the board; or
19		(h)	Is suspected of abusing, misusing, or misappropriating any drugs placed in the
20			custody of the nurse for administration, or for use of others; or
21		(i)	Is suspected of falsifying or in a negligent manner making incorrect entries or
22			failing to make essential entries on essential records.
23		Sect	ion 5. KRS 314.042 is amended to read as follows:
24	(1)	An a	applicant for registration and designation to practice as an advanced registered
25		nurs	e practitioner shall file with the board a written application for registration and
26		desi	gnation and submit evidence, verified by oath, that the applicant has completed
27		an o	rganized postbasic program of study and clinical experience acceptable to the

- board; has fulfilled the requirements of KRS 214.615(1); is certified by a nationallyestablished organization or agency recognized by the board to certify registered nurses for advanced nursing practice; and is able to understandably speak and write the English language and to read the English language with comprehension.
- The board may issue a registration to practice advanced registered nursing to an applicant who holds a current active registered nurse license issued by the board <u>or</u>

 holds the privilege to practice as a registered nurse in this state and meets the qualifications of subsection (1) of this section. An advanced registered nurse practitioner shall be designated by the board as a nurse anesthetist, nurse midwife, nurse practitioner, or clinical nurse specialist.
- 11 (3) The applicant for registration and designation or renewal thereof to practice as an advanced registered nurse practitioner shall pay a fee to the board as set forth in regulation by the board.
- 14 (4) An advanced registered nurse practitioner shall maintain a current active registered
 15 nurse license issued by the board or holds the privilege to practice as a registered
 16 nurse in this state and maintain current certification by the appropriate national
 17 organization or agency recognized by the board.
- 18 (5) Any person who holds a registration and designation to practice as an advanced
 19 registered nurse practitioner in this state shall have the right to use the title
 20 "advanced registered nurse practitioner" and the abbreviation "ARNP." No other
 21 person shall assume the title or use the abbreviation or any other words, letters,
 22 signs, or figures to indicate that the person using the same is an advanced registered
 23 nurse practitioner. No person shall practice as an advanced registered nurse
 24 practitioner unless registered under this section.
- 25 (6) Any person heretofore registered as an advanced registered nurse practitioner under 26 the provisions of this chapter who has allowed the registration to lapse may be 27 reinstated on payment of current fee and by meeting the provisions of this chapter

- and regulations promulgated by the board pursuant to the provisions of KRS
 Chapter 13A.
- The board may authorize a person to practice as an advanced registered nurse practitioner temporarily and pursuant to applicable regulations promulgated by the board pursuant to the provisions of KRS Chapter 13A if the person is awaiting the results of the national certifying examination for the first time or is awaiting licensure by endorsement. A person awaiting the results of the national certifying examination shall use the title "ARNP Applicant" or "ARNP App."
- 9 (8) Before an advanced registered nurse practitioner engages in the prescribing or 10 dispensing of nonscheduled legend drugs as authorized by KRS 314.011(8), the 11 advanced registered nurse practitioner shall enter into a written collaborative 12 practice agreement with a physician that defines the scope of the prescriptive 13 authority.
- Nothing in this chapter shall be construed as requiring an advanced registered nurse practitioner designated by the board as a nurse anesthetist to enter into a collaborative practice agreement with a physician, pursuant to this chapter or any other provision of law, in order to deliver anesthesia care.
- Section 6. KRS 314.046 is amended to read as follows:
- When a patient suffering from a terminal illness, whose death is anticipated and who is 19 receiving the services of a hospice program licensed by the State of Kentucky under KRS 20 Chapter 216B, dies at home or in a hospice inpatient program or unit, a registered nurse, 21 licensed or privileged by the Kentucky Board of Nursing and employed by the attending 22 hospice, and who treated the patient, may make the actual determination and 23 pronouncement of death. The nurse shall release the body to the funeral director after 24 having signed on the designated line the provisional report of death as furnished by the 25 state registrar of vital statistics. 26
- 27 Section 7. KRS 314.085 is amended to read as follows:

- If the board has reasonable cause to believe that any licensee; applicant for licensure 1 by examination, endorsement, reinstatement, or change of status; holder of the 2 privilege to practice as a nurse; credential holder; or holder of a temporary work permit is unable to practice with reasonable skill and safety or has abused alcohol or drugs, it may require the person to submit to a mental health, chemical dependency, 5 or physical evaluation by a licensed or certified practitioner designated by the board. Upon the failure of the person to submit to a mental health, chemical dependency or physical evaluation, unless due to circumstances beyond the person's control, the 8 board may initiate an action for immediate temporary suspension pursuant to KRS 9 314.089 or deny the application until the person submits to the required evaluation. 10 Every licensee; applicant for licensure by examination, endorsement, reinstatement, 11 (2) or change of status; holder of the privilege to practice as a nurse; credential 12 holder; or holder of a temporary work permit shall be deemed to have given 13 consent to submit to a mental health, chemical dependency, or physical evaluation 14 when so directed in writing by the board. The direction to submit to an evaluation 15 shall contain the basis of the board's reasonable cause to believe that the person is 16 unable to practice with reasonable skill and safety, or has abused alcohol or drugs. 17 The person shall be deemed to have waived all objections to the admissibility of the 18 examining practitioner's testimony or examination reports on the ground of 19 privileged communication. 20 The licensee; applicant for licensure by examination, endorsement, reinstatement, or (3) 21 change of status; holder of the privilege to practice as a nurse; credential holder; 22 or holder of a temporary work permit shall bear the cost of any mental health, 23 chemical dependency, or physical evaluation ordered by the board. 24 Section 8. KRS 314.089 is amended to read as follows: 25 The board's president or the president's designee may determine that immediate
 - temporary suspension of a license or privilege against which disciplinary action or

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1	an investigation is pending is necessary in order to protect the public. When it
2	appears that this action may be necessary, the executive director or the executive
3	director's designee shall issue an emergency order suspending the nurse's license or
4	privilege. Upon appeal of an emergency order, an emergency hearing shall be
5	conducted in accordance with KRS 13B.125.

- No board member shall be disqualified from serving on a disciplinary action 6 7 hearing panel for the reason that he has previously sat on a hearing panel considering temporary suspension of the same license or privilege. 8
- 9 (3) The board shall expedite disciplinary actions in which a license or privilege has been temporarily suspended. 10
- (4) The order of immediate temporary suspension shall remain in effect until either 11 reconsidered or superseded by final disciplinary action by the board. 12
- Section 9. KRS 314.091 is amended to read as follows: 13
- The board shall have power to reprimand, deny, limit, revoke, probate, or suspend 14 (1) any license or credential to practice nursing issued by the board or applied for in 15 accordance with this chapter or the privilege to practice as a nurse recognized by 16 the board in accordance with this chapter, or to otherwise discipline a licensee, 17 credential holder, privilege holder, or applicant, or to deny admission to the 18 licensure examination, or to require evidence of evaluation and therapy upon proof 19 20 that the person:
- Is guilty of fraud or deceit in procuring or attempting to procure a license, 21 (a) credential, or privilege to practice nursing; 22
 - Has been convicted of any felony, or a misdemeanor involving drugs, alcohol, (b) fraud, deceit, falsification of records, a breach of trust, physical harm or endangerment to others, or dishonesty, under the laws of any state or of the United States. The record of conviction or a copy thereof, certified by the clerk of the court or by the judge who presided over the conviction, shall be

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1		conclusive evidence. For the purposes of this section, "conviction" means but
2		is not limited to pleading no contest, entering an Alford plea, or entry of a
3		court order suspending the imposition of a criminal penalty to a crime;
4	(c)	Has been convicted of a misdemeanor offense under KRS Chapter 510
5		involving a patient, or a felony offense under KRS Chapter 510, 530.064, or
6		531.310, or has been found by the board to have had sexual contact as defined
7		in KRS 510.010(7) with a patient while the patient was under the care of the
8		nurse;
9	(d)	Has negligently or willfully acted in a manner inconsistent with the practice of
10		nursing;
11	(e)	Is unfit or incompetent to practice nursing by reason of negligence or other
12		causes, including but not limited to, being unable to practice nursing with
13		reasonable skill or safety;
14	(f)	Abuses use of controlled substances, prescription medications, or alcohol;
15	(g)	Has misused or misappropriated any drugs placed in the custody of the nurse
16		for administration, or for use of others;
17	(h)	Has falsified or in a negligent manner made incorrect entries or failed to make
18		essential entries on essential records;
19	(i)	Has a license, privilege, or credential to practice as a nurse denied, limited,
20		suspended, probated, revoked, or otherwise disciplined in another jurisdiction
21		on grounds sufficient to cause a license or privilege to be denied, limited
22		suspended, probated, revoked, or otherwise disciplined in this
23		Commonwealth, including action by another jurisdiction for failure to repay a
24		student loan;
25	(j)	Has violated any of the provisions of this chapter;
26	(k)	Has violated any lawful order or directive previously entered by the board;
27	(1)	Has violated any administrative regulation promulgated by the board; or

1	(m)	Has been listed on the nurse aide abuse registry with a substantiated finding of
2		abuse, neglect, or misappropriation of property.

- All hearings shall be conducted in accordance with KRS Chapter 13B. A suspended or revoked license, *privilege*, or credential may be reinstated at the discretion of the board, and in accordance with regulations promulgated by the board.
- 6 (3) The executive director may issue subpoenas to compel the attendance of witnesses
 7 and the production of documents in the conduct of an investigation. The subpoenas
 8 may be enforced by the Circuit Court as for contempt. Any order or subpoena of the
 9 court requiring the attendance and testimony of witnesses and the production of
 10 documentary evidence may be enforced and shall be valid anywhere in this state.
- 11 (4) At all hearings on request of the board the Attorney General of this state or one (1)
 12 of the assistant attorneys general designated by the Attorney General shall appear
 13 and represent the board.
- 14 (5) A final order of the board shall be by majority vote thereof.
- 15 (6) Any person adversely affected by any final order of the board may obtain a review
 16 thereof by filing a written petition for review with the Circuit Court of the county in
 17 which the board's offices are located in accordance with KRS Chapter 13B.
- 18 (7) If the board substantiates that sexual contact occurred between a nurse and a patient
 19 while the patient was under the care of or in a professional relationship with the
 20 nurse, the nurse's license, *privilege*, or credential may be revoked or suspended with
 21 mandatory treatment of the nurse as prescribed by the board. The board may require
 22 the nurse to pay a specified amount for mental health services for the patient which
 23 are needed as a result of the sexual contact.
- Section 10. KRS 314.099 is amended to read as follows:
- Jurisdiction, both as to person and subject matter, under <u>this chapter</u>[KRS 314.011 to 314.161] vests with the board upon application for licensure <u>or practice on the privilege</u> and shall continue during periods of licensure and lapse of licensure. The jurisdiction of

1	the b	oard s	shall be continuous over the individual applicant or licensee or holder of the
2	<u>privi</u>	lege a	and shall not be divested by voluntary surrender of a license or privilege,
3	with	drawa	of an application, or expiration of a temporary work permit.
4		Secti	on 11. KRS 314.101 is amended to read as follows:
5	(1)	This	chapter does not prohibit the following:
6		<u>(a)</u>	The practice of any currently licensed nurse of another state practicing in
7			this state during an emergency occurring in this state or any other state
8			declared by the President of the United States or the Governor of Kentucky.
9.			The duration and conditions of the practice shall be determined by the
10			board[furnishing of nursing assistance in an emergency];
11		<u>(b)</u>	The practice of nursing which is incidental to the program of study by
12			individuals enrolled in nursing education programs and refresher courses
13			approved by the board or in graduate programs in nursing;
14		<u>(c)</u>	The practice of any legally qualified nurse of another state who is employed
15			by the United States government or any bureau, division, or agency thereof
16			while in the discharge of his or her official duties; or
17		<u>(d)</u>	The practice of any currently licensed nurse of another state who is in this
18			state on a nonroutine basis to:
19			1. Provide care to a patient being transported into, out of, or through this
20			state;
21			2. Provide nursing consulting services; or
22			3. Present a continuing nursing education program[whose
23			responsibilities include transporting patients into, out of, or through this
24			state] .
25	(2)	Not	hing in this chapter shall be construed as prohibiting care of the sick with or
26		witl	nout compensation or personal profit when done in connection with the practice
27		of t	he religious tenets of any recognized or established church by adherents thereof

- as long as they do not engage in the practice of nursing as defined in this chapter.
- 2 (3) Nothing in this chapter shall limit, preclude, or otherwise restrict the practices of
- other licensed personnel in carrying out their duties under the terms of their
- 4 licenses.
- 5 (4) A temporary work permit may be issued by the board to persons who have
- 6 completed the requirements for, applied for, and paid the fee for licensure by
- 7 endorsement. Temporary work permits shall be issued only for the length of time
- 8 required to process applications for endorsement and shall not be renewed. No
- 9 temporary work permit shall be issued to an applicant who has failed the licensure
- 10 examination.
- 11 (5) The board may summarily withdraw a temporary work permit upon determination
- that the person does not meet the requirements for licensure or has disciplinary
- action pending against the person's license in this or another jurisdiction.
- 14 SECTION 12. A NEW SECTION OF KRS CHAPTER 314 IS CREATED TO
- 15 READ AS FOLLOWS:
- 16 References in the Kentucky Revised Statutes to persons "licensed" under this chapter
- 17 as nurses, registered nurses, licensed registered nurses, or licensed practical nurses
- 18 shall be interpreted to include persons credentialed or privileged under this chapter to
- 19 practice those occupations.
- Section 13. This Act takes effect on June 1, 2007.

Speaker-House of Representatives

President of the Senate

Attest: Chief Clerk of House of Representatives

Approved

Governor

Date